

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597302

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓			
2	✓		✓			
3		⊙		✓		
4		⊙		✓		
5		⊙		✓		
6		⊙		✓		
7		⊙		✓		
8		⊙		✓		
9		⊙		✓		
10		⊙		✓		
11		⊙		✓		
12		⊙		✓		
13		⊙		✓		
14		⊙		✓		
15		⊙		✓		
16		⊙		✓		
17		⊙		✓		
18		⊙		✓		
19		⊙		✓		
20		⊙		✓		
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23		⊙		✓		
24		⊙		✓		
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28		⊙		✓		
29		⊙		✓		
30		⊙		✓		
31		⊙		✓		
32		⊙		✓		
33		⊙		✓		
34		⊙		✓		
35		⊙		✓		
36		⊙		✓		
37	✓		✓			
38	✓		✓			
39	✓		✓			
40	✓		✓			
41	✓		✓			
42		⊙		✓		
43	✓		✓			
44	✓		✓			
45				✓		
46				✓		
47				✓		
48						
49						
50						
TOTAL IND.		↓	9	↓		↓
TOTAL DEP.		←	38	←		←
TOTAL CLAIMS			47			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						